

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90083 011 ****50.00

DOCUMENT # L99000002658

1. Entity Name

EC BROS. L.C.

Principal Place of Business

**C/O BAUR, WOODBRIDGE, REUS & KLEIN, P.A.
 100 N BISCAYNE BLVD 21ST FLOOR
 MIAMI FL 33132-2306**

Mailing Address

**C/O BAUR, WOODBRIDGE, REUS & KLEIN, P.A.
 100 N BISCAYNE BLVD 21ST FLOOR
 MIAMI FL 33132-2306**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0931326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAUR, THOMAS ESQ
 NEW WORLD TOWER 21ST FLOOR
 100 N BISCAYNE BLVD
 MIAMI FL 33132-2306**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **ECKERMANN, DR. REINER**
 STREET ADDRESS **UBIERSTR 2**
 CITY-ST-ZIP **D-65719 HOFHEIM GERMANY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/18/02
 Date

305/377-3561
 Daytime Phone #

CR2E083 (9/01)

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